Community engagement vs. the Coronavirus

Free webinar

NEW DATE:
Tuesday 7 April 2020 | 11 am CET

bit.ly/asb-corona-webinar
Aim and objectives

- **Aim:** To actively contribute to a global discussion around effective Covid-19 response which is accessible to all

- **Objectives:**
  - **Understand** Sphere’s contribution as fundamental resource
  - **Discuss** the particular challenges faced by most-at-risk groups, with the example of persons with disabilities
  - **Exchange** experiences and good practices
## Structure

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<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Presenter</th>
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<tr>
<td>11:00</td>
<td>Introduction</td>
<td>Aninia Nadig</td>
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<td>11:15</td>
<td>Breakout session 1</td>
<td>Tristan Hale</td>
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<td>11:25</td>
<td>Sphere and Covid 19: a holistic approach:</td>
<td>Eba Pasha</td>
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<td>11:45</td>
<td>Breakout session 2</td>
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<td>12:00</td>
<td>Persons with disabilities in disaster response</td>
<td>Abner Manlapaz</td>
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<td>12:20</td>
<td>Breakout session 3</td>
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<td>12:35</td>
<td>Medical response in Germany</td>
<td>Daniel Peter</td>
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<td>12:50</td>
<td>Wrapup and end at 11:00</td>
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</table>
In the context of a Covid-19 response...

• How can we uphold the right to life with **dignity** for all?

• How can we **engage communities** and encourage active participation?

• How can we build on the **capacities**, and meet the **needs** of higher-risk groups, including older people and people with disabilities?

• How can **medical response** be appropriate, community-sensitive, and relevant to people’s needs?

• How can we avoid **misinformation**, stigmatisation and fear?
In the context of a Covid-19 response...

... these are fundamental public health questions

Sphere guidance combines

**Rights** (Humanitarian Charter)

**People** at the centre (Protection Principles, CHS)

**Technical** guidance (standards)
Who’s in the room?

• You are from over 75 countries, over half from global south.

• Most of you have heard of Sphere or are working with the Sphere standards

• Your questions reveal:
  • Most of you are experienced practitioners
  • All of you are directly concerned
What would you like to know?

• How to use Sphere for Covid-19 response: context

• **Intersectoral** programming – common messaging with stronger reach

• **Community engagement** and behavioural change: dispersed communities – people on the move – «social distancing» - camp settings

• What is good enough?

• How to reach the most vulnerable – social media? other?

• Government-led response, communication and trust

• Psycho-social impact on population

• Staff safety and well-being
What will (probably) have to wait?

- Remote programming
- Country- and context- specific approaches in detail
- Specific answers to your medical questions
- Economic impact (livelihoods projects) of the Covid-19 response
Our speakers

- **Eba Pasha:** public health in emergencies specialist and medical doctor. One of the authors of the Health chapter of the 2018 Sphere Handbook

- **Abner Manlapaz:** president of the Life Haven Center for Independent Living, a Disabled Persons’ Organization (DPO) based in Manila.

- **Dr Daniel Peter:** medical doctor specialised in infection prevention and control (IPC). He works as a senior physician in a tertiary care hospital in Cologne, Germany
Sphere and Covid-19: a holistic approach

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Sphere and Covid-19: a holistic approach

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SPHERE AND COVID-19: A HOLISTIC APPROACH
Aim of the COVID -19 health response*

- To stop transmission and prevent spread

Or where community transmission is occurring:

- to slow transmission, reduce case numbers and end community outbreaks

A health response in an outbreak will not be successful without **trust, acceptance and engagement** by people and communities

*WHO Critical preparedness, readiness and response actions for COVID -19*
A holistic approach

1. People should be seen as human beings, not cases
2. Community engagement is critical
3. Understanding all people’s needs including other health or wider needs
The Humanitarian Charter

- Everyone has the
  - right to life with dignity (and die with dignity)*
- Right to protection
- The right to receive assistance
  - This includes healthcare and information
    - Promotive, preventive, curative, rehabilitative, palliative care throughout the life course

*see Health: Palliative Care Standard
Protection Principles

• Protection Principle 1
  • Enhance people’s safety, dignity and rights and avoid exposing them to further harm

• Protection Principle 2
  • Ensure access to impartial assistance according to need and without discrimination

CHS

• Putting communities and people affected by the crisis at the centre
Dignity

The Humanitarian Charter

‘Entails more than just physical well being

It demands respect or the whole person, including values and beliefs of individuals and affected communities…….’
Dignity

A public health response can only be successful if people and communities do not feel

• Stigma
• Discrimination
• Fear

Which the Sphere Humanitarian Charter, Protection Principles and CHS articulate
Community engagement

The aim is for people to adopt healthy and protective behaviours including

- Hygiene
- Respiratory etiquette
- Physical distancing
- How to seek care (depending on national protocols)
Community engagement

Challenges

• Rumours
• Misinformation
• Fear
• Existing norms that increase risk
• Needs of different parts of the population not addressed
Community engagement

Challenges

• Rumours
• Misinformation
• Fear
• Existing norms that increase risk
• Needs of different parts of the population not addressed

Possible ways to address

• Increase trust and acceptance
• Participation of all people and communities in programme
• Engage with community influencers
• Address misconceptions, questions e.g. hotline, digitally
• Capacity build at local level, common messaging
• Combine resources with other actors
• Coordination
Community engagement resources

- Sphere WASH chapter introduction
- WHO COVID-19 RCCE Guidance
- IFRC COVID 19 ‘How to include marginalised and vulnerable people in risk communication and community engagement’
- WHO IFRC UNICEF RCCE Actin Plan Guidance COVID-19 preparedness and response
Understanding needs

- Must be from **all parts of the population** including groups at risk
- For other health needs e.g. maternal health care, long term care for chronic diseases, MHPSS
- For wider needs e.g. access, livelihood, food availability, WASH, protection
Q and A
Inclusion of persons with disabilities in the Covid-19 response

- **Abner Manlapaz**: president of the Life Haven Center for Independent Living, a Disabled Persons’ Organization (DPO) based in Manila.
COMMUNITY ENGAGEMENT VS. THE CORONAVIRUS
Nothing About Us Without Us

Convention on the Rights of Persons with Disabilities

- Non-discrimination
- Accessibility
- Actively involving persons with disabilities

2030 Agenda

- Reducing inequalities
Barriers

• Physical environment including transportation
  • It is not only about ramps, handrails, lift but proximity of the service delivery

• Information and communication
  • Information is not accessible to Deaf or blind people but also not available in plain and simple language

• Institutional (regulations and systems)
  • Excludes vulnerable groups, particularly persons with disabilities, or older persons, or people with health conditions when the regulations or programmes are not designed to address barriers that the vulnerable groups might be facing

• Attitude
  • Persons with disabilities seen as recipient of services instead of treating them as partners
Key findings

- 2,954 registered as persons with disabilities – majority have physical disability
- Around 2/3 have not received support/feedback from local government
- Most reported that they have incurred income loss
- Majority expresses that they need financial support
- Other needs expressed include medicines/maintenance medicine, therapy, accessible transportation, personal assistance, assistive devices, psychosocial support, hospitalization, etc.
Identifying and eliminating barriers

Inclusive mainstream programmes

- Non-discriminatory
- Ensuring accessibility (applying Universal Design principles)
- Identifying and addressing different barriers
- Promoting meaningful participation
- Empowerment
- Disaggregating data (use of Washington Group Short Sets of Questions)

Targeted interventions / Supporting inclusion

- Undertaking measures to support inclusion and participation
- Undertaking actions to increase the function, capacity, and empowerment of people
- Identifying and utilizing different capacities that are available

Twin-track Approach
Think with the community, not for the community
The medical response in Germany

- **Dr Daniel Peter:** medical doctor specialised in infection prevention and control (IPC). He works as a senior physician in a tertiary care hospital in Cologne, Germany
COVID-19

...from a health care perspective

Dr. Daniel Peter, MD, IPC Consultant, Medical Advisor EMT Type I, ASB Germany
Zoonosis, Spill-over from bat (?) to human

Beta Coronavirus: SARS-CoV-2
Disease: **Corona-Virus-Disease** (COVID-19)
Human to human transmission possible

No immunity in humans!
Pandemic potential!
Infectious period: up to 14 days
No viable virus isolated after day 8?*

Incubation period 0 – 14 days.
Average: 5-6 days.*

*Clinical presentation and virological assessment of hospitalized cases of coronavirus disease 2019 in a travel-associated transmission cluster; Roman Woelfel et. al, Christian Drosten; medRxiv 2020.03.05.20030502; doi:https://doi.org/10.1101/2020.03.05.20030502
*Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19); 16-24 February 2020
\( R_0 = 3 \)

*RKI: SARS-CoV-2 Steckbrief zur Coronavirus-Krankheit-2019 (COVID-19); Stand: 13.3.2020, \((R_0 = 2.4 – 3.3)\)
If $R_0 = 1 = \text{stable situation}$
If $R_0 < 1$ = outbreak ending

> 2 of 3 immune (>67%)
Health care system overwhelmed !!!
Rapid deterioration requires immediate ventilation!
Patients at home?
<table>
<thead>
<tr>
<th>Baseline Characteristics</th>
<th>Confirmed Cases, N (%)</th>
<th>Deaths, N (%)</th>
<th>Case Fatality Rate, %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>44,672</td>
<td>1,023</td>
<td>2.3</td>
</tr>
<tr>
<td>Age, years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0–9</td>
<td>416 (0.9)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>10–19</td>
<td>549 (1.2)</td>
<td>1 (0.1)</td>
<td>0.2</td>
</tr>
<tr>
<td>20–29</td>
<td>3,619 (8.1)</td>
<td>7 (0.7)</td>
<td>0.2</td>
</tr>
<tr>
<td>30–39</td>
<td>7,600 (17.0)</td>
<td>18 (1.8)</td>
<td>0.2</td>
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<tr>
<td>40–49</td>
<td>8,571 (19.2)</td>
<td>38 (3.7)</td>
<td>0.4</td>
</tr>
<tr>
<td>50–59</td>
<td>10,008 (22.4)</td>
<td>130 (12.7)</td>
<td>1.3</td>
</tr>
<tr>
<td>60–69</td>
<td>8,583 (19.2)</td>
<td>309 (30.2)</td>
<td>3.6</td>
</tr>
<tr>
<td>70–79</td>
<td>3,918 (8.8)</td>
<td>312 (30.5)</td>
<td>8.0</td>
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<tr>
<td>≥80</td>
<td>1,408 (3.2)</td>
<td>208 (20.3)</td>
<td>14.8</td>
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<td>Baseline Characteristics</td>
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<tr>
<td>Overall</td>
<td>44,672</td>
<td>1,023</td>
<td>2.3</td>
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<tr>
<td>Comorbid condition†</td>
<td></td>
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<tr>
<td>Hypertension</td>
<td>2,683 (12.8)</td>
<td>161 (39.7)</td>
<td>6.0</td>
</tr>
<tr>
<td>Diabetes</td>
<td>1,102 (5.3)</td>
<td>80 (19.7)</td>
<td>7.3</td>
</tr>
<tr>
<td>Cardiovascular disease</td>
<td>873 (4.2)</td>
<td>92 (22.7)</td>
<td>10.5</td>
</tr>
<tr>
<td>Chronic respiratory disease</td>
<td>511 (2.4)</td>
<td>32 (7.9)</td>
<td>6.3</td>
</tr>
<tr>
<td>Cancer (any)</td>
<td>107 (0.5)</td>
<td>6 (1.5)</td>
<td>5.6</td>
</tr>
<tr>
<td>None</td>
<td>15,536 (74.0)</td>
<td>133 (32.8)</td>
<td>0.9</td>
</tr>
<tr>
<td>Missing</td>
<td>23,690 (53.0)</td>
<td>617 (60.3)</td>
<td>2.6</td>
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Report from German Institute of Disaster Medicine on Strasbourg, France
March 23, 2020

- No more Cancer Surgery
- No more surgical management of fractures
- 23.03.2020: one patient requiring ventilation admitted every hour
- Ventilation required by all age groups (19-80 years of age)
- No ventilation for over 80 year-olds
- Over 80 year-olds requiring ventilation are given morphine as care of dying (often at home by paramedics)
Demand

Care for severe cases
Care for critical cases
Care for dying
Beds
Ventilators
Staff (amount, qualification, emotions)
Personal protective equipment*
Diagnostics (PCR Tests)

*Please leave PPE to HCW!
If HCW are affected, everybody is affected!
COVID-19 may settle in as a common cold.

But it has yet to be tamed.

The health care system cannot do this without the community -

WE ARE ALL IN THIS TOGETHER!
What comes next?

- Webinar recording available online
- Continuous sharing and learning from each other
- Spherestandards.org/coronavirus
  - Sphere’s Covid-19 guidance in 10+ languages
  - HSP guidance
- Arbeiter Samariter Bund: asb.de/en
Stay safe...

...and have a good rest of the week!